

ATTACHMENT 5
SOP IIB08-0001 (209.04)
04/30/15

WITNESS STATEMENT

5 : 16-CV- 444

PLACE	Baldwin S/P	DATE	10-5-82	TIME	2:00	FILE NUMBER	
LAST NAME, FIRST NAME, MIDDLE NAME	Geter Jeffery Dale	EMPLOYEE ID NUMBER		STATE ID NO.	684922		
INSTITUTION OR ADDRESS	Baldwin S/P Prisoner - Civil Rights 42 USC, 1983						

SWORN STATEMENT

SWORN STATEMENT

1. Jeffery Carter

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

2. 1119 TO G# LIFE ON 8-30-15

I Am Going to do A Motion For Appointment
OF Counsel. I AM level (3) mental Health with
AN (8th) grade Special Education Schooling.
AN I had A Surgery ON my Brain. AN DR
King had to Tack Some of my Brain out.
I HAD A Craniotomy. AN DR AKUNWANNE
SAID I had PARKINSON 2 1/2 to 3 1/2 years ~~years~~ years
AN DR King AN DR AKUNWANNE SAID I had
Epilepsy AN Bipolar AN Old Timers. So I CAN
NOT think good. DR AKUNWANNE SAID 2 1/2 or
3 1/2 years Ago THAT I had PARKINSON But he
did not do no test to See. And I ~~do~~ like to
have Die ON About \$300 - \$15. So ~~do~~ ~~do~~ ~~do~~
L.T. Ducan tack me to medical to help me
But DR AKUNWANNE did NOT help ME if He
had did ~~do~~ ~~do~~ ~~do~~ test he would Seen
26 26 56 56 that I had Epilepsy. I HAVE
had my nervous System in my Brain 20.000
nervous cut. I have Periods of memory loss or
Confusion. Periods of Blank Staring.
Unresponsiveness to INSTRUCTIONS. Weakness
Double Vision AN Trouble Seeing Trouble
talking, Severe Headache, Dizziness. Well

EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF __, TAKEN AT __ DATED __ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE __ OF __ PAGES" WHEN ADDITIONAL PAGES ARE UTILIZED. THE BACK OF PAGE 1 WILL BE LINED OUT. AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

I Pray the Court will Help me THANK'S

IF You have A Book that will tell
me what to do, Send one to me

STATEMENT CONTINUED

J.D.G. THANK'S

2017 OCT 11 AM 9:33

I When to Oconee Regional Medical Center
821 North Cobb Street Milledgeville, GA
31061 or you can call 478-454-3565. I
have A loss of feeling on one side of my
Face AN body. I have Muscles Jerking on
All Part of my body. You can call my sister
Gail or Jay Eldridge Call 706-8463783. YES
I HAD A Tumors ON my BRAIN. I CAN NOT THINK
good or Spill good. WHEN I did A Grievance's.
AND A Appeal Nub 218930 ON About 6-8-16
CO-2 MARY DANZ SENT my Appeal OFF. ALL D.R's
SAY I AM Disable for Life Permanent Damages.
I have Periods of memory loss. I WAS IN
AN A.M.H. AND WHEN I get BACK to Baldwin
AN they gave me Belong's BACK I WAS MISSING.
I have did About 15 STATEMENTS from the
4-1-16 to today About 10-5-16 STATEMENTS
So IF you have A book AFFIDAVIT Will help me

I, Jeffery Geter HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH
BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME.
THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE
STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT,
AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

K-2-14 P.O. Box 218

(Signature of Person Making Statement)

WITNESS

Jeffery Geter 684922

Subscribed and sworn to before me, a person authorized by law
to administer oaths, this _____ day of _____, 20 _____

Baldwin S/P

at _____

Hardwick, GA 31034

(Signature of Person Administering Oath)

INSTITUTION OR ADDRESS:

Baldwin S/P

(Typed Name of Person Administering Oath)

P.O. Box 218

Hardwick, GA 31034-0218

(Authority To Administer Oaths)

INSTITUTION OR ADDRESS:

INITIALS OF PERSON MAKING STATEMENT

PAGE ____ OF ____ PAGES

Will I need to do what the Court tell me
Court tell me

I WAS told I WAS hit that some I MAN'S put Pills in
my coffee so I would go to bed and they Rape me

I AM IN K2-14